

DFI Consumer Complaint Form 801 (Rev. 08/03)

Consumer Information					
First Name:		Last Name:			
Address:		City:		State:	Zip:
Daytime Phone:	()	Alternate Phone:	()	Fax:	()
Email address:					
What is the best way to contact you?	Day phone <input type="checkbox"/>	Alternate phone <input type="checkbox"/>	Mail <input type="checkbox"/>	Email <input type="checkbox"/>	

Licensee Information					
Institution name:					
Address:		City:		State:	Zip:
Person(s) you dealt with:					
Date of transaction:					
Complaint type:	Check Cashing <input type="checkbox"/>	Consumer Fraud / Identity Theft <input type="checkbox"/>	Account charges <input type="checkbox"/>		
Mortgage Loans <input type="checkbox"/>	Automobile Loans <input type="checkbox"/>	General Checking / Savings account issues <input type="checkbox"/>			
Other:					

The following questions will assist in processing your complaint:					
1. Do you have an account with the financial institution? Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
If yes, what type of account? Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan Account <input type="checkbox"/> Other <input type="checkbox"/>					
Name in which account is listed:					
2. Have you already attempted to resolve your complaint with the financial institution? Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
If no:	Please contact your financial institution and attempt to resolve your complaint before sending this form.				
If yes:	When? Date:				
How?	Phone: <input type="checkbox"/>	In person: <input type="checkbox"/>	Mail: <input type="checkbox"/>	Other: <input type="checkbox"/>	
Did they respond to you? Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
Name of person that responded to you. First Last					
Address:		City:		State:	Zip:
Contact telephone number ()					
Contact email address					
3. Have you filed a complaint with another agency? Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
If Yes, who?					
4. Do you have a private attorney representing you in this matter? Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
If yes, we can not submit your complaint. Complaints submitted by legal representation or that are in litigation are outside the scope of the Department's complaint process.					

Please provide brief statement of information that may help your Financial Institution resolve your complaint.

Please indicate what you feel would be a reasonable resolution to your complaint.
